

HOMELESS SHELTER/INSTITUTION EVALUATION FORM

Name of facility/institution:		
Address:		
Phone Number:		
Contact Person:		
I understand that the facility will not accrue financial gain or in-kind benefit from a person's participation in the WIC program.	Contact person's signature:	Date:
I understand that foods provided by the WIC program may not be subsumed into a communal food service. The foods will be available exclusively to the WIC participant for whom they were issued.	Contact person's signature:	Date:
I understand that this facility will place no constraints on the ability of the participant to partake of the nutrition education and supplemental foods available under the WIC program.	Contact person's signature:	Date:
I understand that the intentional misuse of WIC foods by the facility may make me a party to fraud and may subject me to civil and criminal prosecution under State and Federal law.	Contact person's signature:	Date:
WIC staff signature:	Date:	